

## Application for Child Care Services

Name of child: \_\_\_\_\_ Birth date: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Legal Guardian #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Business: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Parent/Legal Guardian #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Business: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Other family members: \_\_\_\_\_

Legal guardian's formal education (#1): \_\_\_\_\_ (#2): \_\_\_\_\_  
(highest grade completed) (highest grade completed)

Days/Hours when care is needed: \_\_\_\_\_

Transportation arrangement to and from program: \_\_\_\_\_

Any previous child care experience: \_\_\_\_\_

Our program does not exclude children with special needs if we can provide a safe environment. The following information is requested to help us plan care for your child.

Special needs of parents (inability to climb stairs, difficulty lifting child, etc.): \_\_\_\_\_

Disability/special needs of child (medications, treatments, allergies, food intolerance, conditions, behavior, etc.)  
no/yes (Complete Special Care Plan and Authorization for Release of Information Form)

Usual eating schedule: \_\_\_\_\_

Foods child likes: \_\_\_\_\_ dislikes: \_\_\_\_\_

Elimination Patterns (Toileting/Diapering): \_\_\_\_\_

Things that comfort child: \_\_\_\_\_

Things that scare child: \_\_\_\_\_

Cultural habits/home issues that may affect the child's behavior: \_\_\_\_\_

Who is authorized to pick up this child from child care? (refer to child car agreement)

\_\_\_\_\_

Who will care for child when he/she is sick: \_\_\_\_\_  
(Complete the Child Care Emergency Contact Information Form)

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_